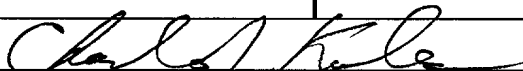


<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning design patent application contents.</i>		<b>ADDRESS TO</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<div>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <div>3. X Specification [Total Pages 19 ] <i>(preferred arrangement set forth below)</i><ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></div> <div>4. X Drawing(s) (35 U.S.C.113) [Total Sheets 10 ]</div> <div>5. Oath or Declaration [Total Pages ]<div>a. <input type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i></div><div>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</div></div> <div>6. X Application Data Sheet. See 37 CFR 1.76</div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><div>a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div>b. Specification Sequence Listing on:<div>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div>ii. <input type="checkbox"/> paper number of pages</div></div><div>c. <input type="checkbox"/> Statements verifying identity of above copies</div></div>	
<b>ACCOMPANYING APPLICATIONS PARTS</b>			
<div>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</div> <div>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></div> <div>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></div> <div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. X Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></div> <div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</div> <div>17. <input type="checkbox"/> Other:</div>			
<div>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</div><div>Prior application information: Examiner _____ of prior application No: _____ / _____ Group Art Unit: _____</div></div> <div>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</div>			
<b>19. CORRESPONDENCE ADDRESS</b>			
<div><input checked="" type="checkbox"/> Customer Number or Bar Code Label 20350 or <input type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i></div>			
Name			
Address			
City		State	Zip Code
Country	Telephone	Fax	
Name (Print/Type)	Charles J. Kulas	Registration No. (Attorney/Agent)	35,809
Signature		Date	August 14, 2001